

H.R. 3149: Mr. HANCOCK.
 H.J. Res. 97: Mr. WISE.
 H.J. Res. 159: Mr. WHITFIELD, Mr. BILBRAY, and Mr. ROSE.
 H. Con. Res. 47: Mr. CONYERS, Mr. DE LA GARZA, Mr. HILLIARD, Mr. NEY, Mr. SABO, and Ms. VELÁZQUEZ.
 H. Con. Res. 144: Mr. TORKILDSEN.
 H. Res. 49: Mr. THOMPSON and Mrs. MEEK of Florida.
 H. Res. 348: Mr. MCCOLLUM and Mr. GOODLING.
 H. Res. 374: Mr. CAMP, Mr. FRELINGHUYSEN, Mr. COBLE, Mr. HUNTER, Mr. PORTER, Mr. MARTINI, Mrs. CUBIN, Mr. NETHERCUTT, Mr. CALVERT, Mr. EHRLICH, Mr. HANCOCK, Mr. McNULTY, Ms. WOOLSEY, Mr. GENE GREEN of Texas, Mr. WELDON of Pennsylvania, Mr. TRAFICANT, and Mr. YATES.
 H. Res. 378: Mrs. MEYERS of Kansas, Mr. ENGLISH of Pennsylvania, Mr. BATEMAN, Mr. WOLF, Ms. NORTON, Mr. DELLUMS, Mr. CALVERT, Mr. BERMAN, and Ms. PELOSI.

PETITIONS, ETC.

Under clause 1 of rule XXII, petitions and papers were laid on the Clerk's desk and referred as follows:

69. The SPEAKER presented a petition of the Transportation Policy Board of the Abilene Metropolitan Planning Organization, Abilene, TX, relative to the issues of appropriate taxation and adequate provision of transportation infrastructure; which was referred jointly, to the Committees on Transportation and Infrastructure and the Budget.

AMENDMENTS

Under clause 6 of rule XXIII, proposed amendments were submitted as follows:

H.R. 3103

OFFERED BY: MR. DINGELL

AMENDMENT No. 2: Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Health Insurance Reform Act of 1996".

TITLE I—HEALTH CARE ACCESS, PORTABILITY, AND RENEWABILITY TABLE OF CONTENTS OF TITLE

- Sec. 100. Definitions.
- SUBTITLE A—GROUP MARKET RULES
- Sec. 101. Guaranteed availability of health coverage.
- Sec. 102. Guaranteed renewability of health coverage.
- Sec. 103. Portability of health coverage and limitation on preexisting condition exclusions.
- Sec. 104. Special enrollment periods.
- Sec. 105. Disclosure of information.
- SUBTITLE B—INDIVIDUAL MARKET RULES
- Sec. 110. Individual health plan portability.
- Sec. 111. Guaranteed renewability of individual health coverage.
- Sec. 112. State flexibility in individual market reforms.
- Sec. 113. Definition.
- SUBTITLE C—COBRA CLARIFICATIONS
- Sec. 121. Cobra clarification.
- SUBTITLE D—PRIVATE HEALTH PLAN PURCHASING COOPERATIVES
- Sec. 131. Private health plan purchasing cooperatives.
- SUBTITLE E—APPLICATION AND ENFORCEMENT OF STANDARDS
- Sec. 141. Applicability.
- Sec. 142. Enforcement of standards.

SUBTITLE F—MISCELLANEOUS PROVISIONS

Sec. 191. Health coverage availability study.
 Sec. 192. Effective date.

Sec. 193. Severability.

SEC. 100. DEFINITIONS.

As used in this title:

(1) **BENEFICIARY.**—The term "beneficiary" has the meaning given such term under section 3(8) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(8)).

(2) **EMPLOYEE.**—The term "employee" has the meaning given such term under section 3(6) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(6)).

(3) **EMPLOYER.**—The term "employer" has the meaning given such term under section 3(5) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(5)), except that such term shall include only employers of two or more employees.

(4) **EMPLOYEE HEALTH BENEFIT PLAN.**—

(A) **IN GENERAL.**—The term "employee health benefit plan" means any employee welfare benefit plan, governmental plan, or church plan (as defined under paragraphs (1), (32), and (33) of section 3 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002 (1), (32), and (33))) that provides or pays for health benefits (such as provider and hospital benefits) for participants and beneficiaries whether—

(i) directly;

(ii) through a group health plan offered by a health plan issuer as defined in paragraph (8); or

(iii) otherwise.

(B) **RULE OF CONSTRUCTION.**—An employee health benefit plan shall not be construed to be a group health plan, an individual health plan, or a health plan issuer.

(C) **ARRANGEMENTS NOT INCLUDED.**—Such term does not include the following, or any combination thereof:

(i) Coverage only for accident, or disability income insurance, or any combination thereof.

(ii) Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act).

(iii) Coverage issued as a supplement to liability insurance.

(iv) Liability insurance, including general liability insurance and automobile liability insurance.

(v) Workers compensation or similar insurance.

(vi) Automobile medical payment insurance.

(vii) Coverage for a specified disease or illness.

(viii) Hospital or fixed indemnity insurance.

(ix) Short-term limited duration insurance.

(x) Credit-only, dental-only, or vision-only insurance.

(xi) A health insurance policy providing benefits only for long-term care, nursing home care, home health care, community-based care, or any combination thereof.

(5) **FAMILY.**—

(A) **IN GENERAL.**—The term "family" means an individual, the individual's spouse, and the child of the individual (if any).

(B) **CHILD.**—For purposes of subparagraph (A), the term "child" means any individual who is a child within the meaning of section 151(c)(3) of the Internal Revenue Code of 1986.

(6) **GROUP HEALTH PLAN.**—

(A) **IN GENERAL.**—The term "group health plan" means any contract, policy, certificate or other arrangement offered by a health plan issuer to a group purchaser that provides or pays for health benefits (such as provider and hospital benefits) in connection with an employee health benefit plan.

(B) **ARRANGEMENTS NOT INCLUDED.**—Such term does not include the following, or any combination thereof:

(i) Coverage only for accident, or disability income insurance, or any combination thereof.

(ii) Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act).

(iii) Coverage issued as a supplement to liability insurance.

(iv) Liability insurance, including general liability insurance and automobile liability insurance.

(v) Workers compensation or similar insurance.

(vi) Automobile medical payment insurance.

(vii) Coverage for a specified disease or illness.

(ix) Short-term limited duration insurance.

(x) Credit-only, dental-only, or vision-only insurance.

(xi) A health insurance policy providing benefits only for long-term care, nursing home care, home health care, community-based care, or any combination thereof.

(7) **GROUP PURCHASER.**—The term "group purchaser" means any person (as defined under paragraph (9) of section 3 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(9)) or entity that purchases or pays for health benefits (such as provider or hospital benefits) on behalf of two or more participants or beneficiaries in connection with an employee health benefit plan. A health plan purchasing cooperative established under section 131 shall not be considered to be a group purchaser.

(8) **HEALTH PLAN ISSUER.**—The term "health plan issuer" means any entity that is licensed (prior to or after the date of enactment of this Act) by a State to offer a group health plan or an individual health plan.

(9) **HEALTH STATUS.**—The term "health status" includes, with respect to an individual, medical condition, claims experience, receipt of health care, medical history, genetic information, evidence of insurability (including conditions arising out of acts of domestic violence), or disability.

(10) **PARTICIPANT.**—The term "participant" has the meaning given such term under section 3(7) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(7)).

(11) **PLAN SPONSOR.**—The term "plan sponsor" has the meaning given such term under section 3(16)(B) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(16)(B)).

(12) **SECRETARY.**—The term "Secretary", unless specifically provided otherwise, means the Secretary of Labor.

(13) **STATE.**—The term "State" means each of the several States, the District of Columbia, Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Subtitle A—Group Market Rules

SECTION 101. GUARANTEED AVAILABILITY OF HEALTH COVERAGE.

In General.—

(1) **NONDISCRIMINATION.**—Except as provided in subsection (b), section 102 and section 103—

(A) a health plan issuer offering a group health plan may not decline to offer whole group coverage to a group purchaser desiring to purchase such coverage; and

(B) an employee health benefit plan or a health plan issuer offering a group health plan may establish eligibility, continuation of eligibility, enrollment, or premium; contribution requirements under the terms of such plan, except that such requirements shall not be based on health status (as defined in section 100(9)).